

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-009272

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

317

Primary Registration District No.

500

Registrar's No.

436

STATE FILE NUMBER

FILED FEB 23 1962

1. PLACE OF DEATH

a. COUNTY Saint Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN NormandyLength of stay in 1b
8 daysc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Normandy Osteopathic Hosp.Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri

b. COUNTY ST LOUIS

c. CITY
OR
TOWN OverlandInside Limits
Yes ☒ No ☐d. STREET
ADDRESS 9939 West WisectReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First
Rae

Middle

Last
Lilley4. DATE
OF
DEATHMonth
Feb.Day
3,Year
1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

8/2/1891

9. AGE (last birthday)

70

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

RETIRED BOOK-KEEPER

10b. KIND OF BUSINESS OR INDUSTRY

BANKING

11. BIRTHPLACE (City and state or country)

Cleveland, Ohio

12. CITIZEN OF WHAT COUNTRY

U S A

13a. FATHER'S NAME

CHARLES LILLEY

13b. MOTHER'S MAIDEN NAME

UNKNOWN

14. NAME OF HUSBAND OR WIFE

EMMA LILLEY DEAD

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give year or dates of service)

YES WWI

17. INFORMANT

ANNABELLE PFOUTZ 9939 West WISE CT
OVERLAND MO

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Anemia

INTERVAL BETWEEN
ONSET AND DEATH
8 daysConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Cardio-Vascular Collapse

DUE TO (c)

multiple abdominal abscesses. E Generalized
peritonitis due to ileal necrosis due to
obstructed small intestinePART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CAUSE OF DEATH
disease condition given in PART IPART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Jan. 26, 1962

to 2-3-62

and last saw her alive on 2/3/62

Death occurred at 8:25 a.m.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Frank L. Miller Jr. DO, FRCOS.

(Degree or title)

22b. ADDRESS

7934 Natural Bridge Rd.
St Louis 21, Mo

22c. DATE SIGNED

2-3-62

23. BURIAL, CREMATION,
REMOVAL (Specify)

REMOVAL

23b. DATE

2-6-62

23c. NAME OF CEMETERY OR CREMATORY

NEW ST MARCUS

23d. LOCATION (City, town, or county)

ST LOUIS

(State)

MO

24. FUNERAL DIRECTOR

EARL HILLENMAN OVERLAND MO

ADDRESS

25. DATE RECD. BY LOCAL REG.

2-5-62

26. REGISTRAR'S SIGNATURE

John B. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

14051

2460X

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9561.3

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1243-2

13

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Carl K. Helman

Licensed Embalmer No. 3501

P. O. Address Oreland, Md

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.